

In re **Robert Charles Sterling
Cheryl Ann Sterling**

Case No. _____

Debtor(s)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns).

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. xxxxxxxx2979			2003					
Chase 800 Brooksedge Blv. Westerville, OH 43081		J	First Mortgage Primary Residence Location: 34436 Lakewood Drive, Chesterfield Twp MI 48047					
			VALUE \$115,000.00				\$129,093.47	\$14,093.47

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Case No. _____

Debtor(s)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above)	C O D E B T O R	H U S B A N D, W I F E, J O I N T O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. x9322	J	2003					
Christian Financial 18441 Utica Road Roseville, MI 48066		Second Mortgage 2035 Military St. Port Huron, MI 48060 Rental Property					
Shall be paid as a general unsecured claim as the fair market value of the property is only \$30,000.		VALUE \$30,000.00					
ACCOUNT NO. xxxxxxx575-9	J	1998					
CitiMortgage, Inc. P.O. Box 183040 Columbus, OH 43218		First Mortgage 2035 Military St. Port Huron, MI 48060 Rental Property					
		VALUE \$30,000.00					
ACCOUNT NO. xxxxxxx0900	J	2004					
Comerica Bank P.O. Box 650282 Dallas, TX 75265		Second Mortgage Primary Residence Location: 34436 Lakewood Drive, Chesterfield Twp MI 48047					
Shall be paid as a general unsecured claim as debtors have filed an adversary complaint to strip off the second mortgage.		VALUE \$115,000.00					
ACCOUNT NO. xx0507	H	12/3/10					
Motor Vehicle Solutions 1278 Jungermann Road Suite A Saint Peters, MO 63376		Executory Contract Car Warranty					
		VALUE \$0.00					

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Case No. _____

Debtor(s)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Total(s) (Use only on last page)							\$275,980.58	\$140,980.58

(Report also on
Summary of Schedules)If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data)

In re **Robert Charles Sterling,
Cheryl Ann Sterling**

Case No. **10-77844**

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Concorde Health & Swim 44315 Gratiot Ave Clinton Township, MI 48036	Gym Memberships \$40 per month for both
George & Nicol Johnston 2035 Military Street Apartment #3 Port Huron, MI 48060	Tenant Renting Apartment #3 of Military St. Property. Lease expires 7/1/11
Global Vacation Network Global Connections, Inc PO Box 5096 Chicago, IL 60680-5096	Vacation Membership
Motor Vehicle Solutions 1278 Jungermann Road Suite A Saint Peters, MO 63376	Extended Warranty for Truck \$141 per month for 18 months
Rory S. Flynn & Sarah Pearsall 2035 Military Street Apartment #1 Port Huron, MI 48060	Tenant(s) Renting Military St. Property Lease expires 7/17/11

UNITED STATES BANKRUPTCY COURT
Eastern District of Michigan

COVER SHEET FOR AMENDMENTS

CASE NAME: Robert Charles Sterling
Cheryl Ann Sterling

CASE NUMBER: 10-77844

The enclosed documents amend the petition, schedule, statement of financial affairs, statement of income and expenses, matrix or summary of assets and liabilities.

The purpose of this amendment is to:

- ☐ Add creditors to schedule(s) _____. How many? _____.
 (Use second page of this form to list creditors added).
- ☒ **\$26.00 Amendment Fee.** This fee is required whenever you add creditors to a case, delete creditors, change the amount of a debt or change the classification of a debt. The fee is not required when correcting addresses of previously listed creditors. It is not required when new schedules are filed in a converted case.
- ☐ Correct the addresses of creditors already listed on the schedules and matrix previously filed.
 (Use second page of this form).
- ☒ Other: (Provide detail of Amendment) Amend Schedule D to remove Creditor and Schedule G to add Rental Property Lease(s).
- ☐ **Amend Schedules and list of creditors.** Schedules must be verified by the debtor(s).
- ☐ **Amend Matrix.** Please do not send a matrix adding creditors to a case unless you also send the amended schedules. Do not send a new matrix to correct an address. Use the second page of this form. Pursuant to L.B.R. 1007-2 & 1009-1 an amendment to a matrix filed by a debtor without an attorney must have a complete paper copy attached to this form. Electronic filers must upload creditors to the ECF system.

NOTE: LBR 1009-1(b) requires the debtor to serve a copy of the amendment and the cover sheet for amendments on the trustee and all other entities affected by the amendment.

CORRECTIONS AND ADDITIONS TO MAILING MATRIX

Use this section of the form to make corrections to the names and address of any creditors or parties in interest who are listed on the current matrix of the case.

NAME OF CREDITOR (As it now appears):

Previous address:

(Please print)

Please change to:

NAME OF CREDITOR (As it now appears):

Previous address:

(Please print)

Please change to:

NAME OF CREDITOR (As it now appears):

Previous address:

(Please print)

Please change to:

Use this section of the form to **IDENTIFY** creditors added to the schedules and matrix.

NAME OF CREDITOR (As it now appears):

Address

(Please print)

NAME OF CREDITOR (As it now appears):

Address

(Please print)

FOR ADDITIONAL CHANGES COPY THIS SHEET AND CONTINUE

Signature:

/s/ James C. Bowser P

James C. Bowser P 40480

Name of Attorney
**413 Clinton Avenue
St. Clair, MI 48079
(810) 329-3500
ECF@bowserandassociates.com**

I/We do hereby affirm under penalty of perjury that I/we have read the foregoing form, *Cover Sheet for Amendments*, and all pleadings and attachments thereto, and do hereby affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature: /s/ Robert Charles Sterling
Robert Charles Sterling
Name of Debtor

Signature: /s/ Cheryl Ann Sterling
Cheryl Ann Sterling
Name of Joint Debtor, if applicable